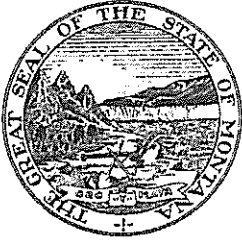


DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES



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STATE OF MONTANA

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Paula M. Tripp
Developmental Disabilities Program
2675 Palmer Street, Suite #B
Missoula, MT 59808
(406) 329 - 5425
May 8, 2007

John O'Donnell, Board Chairperson AWARE
205 E. Park Street
Anaconda, MT 59711

Dear Mr. O'Donnell:

Please find attached the final Region V AWARE Adult DD Services Quality Assurance Re-visit Review for FY 07. The actual visits were concluded in January, but changes in services provided by AWARE in Region V DDP delayed completion of this report. This review included services in Missoula, and Kalispell.

There are outstanding concerns from this review. Please refer to the report for specifics. Since completion of the review, there are no longer any adult consumers receiving AWARE services in Region V. The final community supports consumer will be switching to a new provider this month.

If any information in this report is inaccurate, please have AWARE staff provide documentation to the Region V DDP office in order to accurately report on the services reviewed. If you have any questions, or would like to discuss this review please do not hesitate to call me at (406) 329-5425.

Respectfully,

A handwritten signature in cursive script, appearing to read "Paula M. Tripp".

Paula M. Tripp, MEd/QMRP
Regional Manager, DDP - Missoula

Cc: Larry Noonan, CEO AWARE
Mike Schulte, AWARE Anaconda
Donna Kelly, AWARE Anaconda
Kara Gehring, QIS DDP - Kalispell
Larry Lovelace, Regional Manager DDP Helena
John Zeeck, Quality Assurance Specialist DDP - Helena
Tim Plaska, Community Services Bureau Chief DDP - Helena
Perry Jones, Waiver Specialist DDP - Helena

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MAY 09 2007

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SCOPE OF REVIEW

This is a summary of a Quality Assurance revisit conducted on December 6, 2006 in Missoula and January 18, 2007 in Kalispell. The revisit was necessary due to significant deficiencies noted in the Quality Assurance review conducted in May 2006. The delay in this written report was due to AWARE determining whether they planned to continue providing adult DD services in Region V. This review encompassed the period May 2006 through and including January 2007. As of this time, there are no consumers in adult services in Region V with AWARE.

ADMINISTRATIVE

AWARE is operated out of Anaconda, MT with a satellite office in every Region of the state. The agency's Board of Directors, Fiscal and Business Operations, Chief Executive Officer, and more recently Developmental Disability contact individual for Region V are located in Anaconda.

During the period of review, agency contact and communication continued to be of concern. The assigned contact individual in Anaconda had been responsive; however, the distance from Anaconda to Kalispell and Missoula was problematic as reflected in this report. Case Managers and regional DD staff experienced difficulties in getting in touch with agency contacts, not only on an on-going basis, but when vital plans of correction were needed.

This year AWARE decreased the number of individuals served in Region V. At the time of this review, there were two individuals receiving adult HCBS Waiver Supported Living services and three individuals receiving Community Supports Waiver services. One of the individuals who receives community supports is in the Missoula area; the other consumers live in Flathead County. As of this written report, AWARE is currently serving one individual in Missoula in Community Supports. This consumer is planning to switch service providers before the new contract year, the Case Manager is currently working closely with Adult Protective Services staff to ensure health and safety.

AWARE provides Intensive Family Education and Support services to children and families. Those services are reviewed out of the DDP Bozeman Office. AWARE also operates adult services in Anaconda and Billings, Montana. Quality Assurance Reviews for AWARE services in Anaconda and Billings are conducted by other (local/regional) DDP offices. Services in Region V do not encompass any licensed facilities and there were no specific additions to the Contract through the Appendix I.

AWARE has implemented the Incident Management Policy. The AWARE Incident Management Committee functions at a statewide level, yet Region V case managers and QIS' were not been involved with the meetings, nor did they have access to incident reports. The Kalispell QIS requested access to AWARE's incident management computer system in September of 2006, however, access never was made available.

Following the review in May of 2006, billing errors continued to occur. Significant discrepancies in billing for individuals in community support services exist (please refer to QAOS #1). There was a system in place to keep track of hours of services provided; it seems that there should have been an effective and accurate system for billing for services. Please refer to the Service Planning and Delivery section of this report for more specifics.

Specific Services Reviewed

SUPPORTED LIVING

Two individuals received Supported Living services through the Kalispell office. Both individual files were reviewed, an interview conducted with both consumers and a health and safety check for each.

A. HEALTH AND SAFETY

AWARE did not have an emergency back-up system, as no staff existed for the Kalispell or Missoula areas during this review. There has been a lack of consistency in terms of staff completing hours with consumers. Since November of 2006, AWARE has attempted to hire three different people to be staff. Due to these hirings not being successful, relief staff was sparsely utilized. However, that was inconsistent and concern remained regarding knowledge held by relief staff of consumer unique needs.

Further, specific health and safety objectives could not be implemented appropriately due to lack of staff. Examples include assistance and supervision for setting up medication, as well as, assuring fire extinguishers and smoke detectors are checked once monthly (see QAOS #4).

Although with Supported Living consumers no overt health concerns were noted, IP objectives such as assisting with medication set up, checking fire extinguisher and smoke detectors, grocery shopping, healthy menu choices, cooking and deep cleaning could not be completed with inconsistent or lack of staffing. IP objectives exist because assessments have demonstrated that the individual needs assistance in a particular area of daily living. Health and safety can become compromised if objectives are not carried out as written in an individual plan. (Please refer to QAOS #2, #3, #4 for deficiencies).

B. SERVICE PLANNING AND DELIVERY

Although annual assessments were completed for consumers and subsequent Individual Plans were written appropriately, IPs were not implemented consistently due to a lack of regular staff (see QAOS #2). Minimal data regarding staff contacts exists suggesting inconsistent implementation.

Individuals served were very independent within the community and participated in leisure/ recreation activities. Individual rights and responsibilities are promoted. No concerns noted with rights restrictions or aversive procedures.

Upon review of one consumer's supported living requirements it was discovered that issues existed in terms of timely turn around of IP paperwork to the case manager for distribution (QAOS #2). Further, it was noted that one consumer had no staff contact until two weeks following the IP meeting.

Upon interview, all consumers stated that their lack of service delivery was troublesome. When asked about services received through AWARE a common consumer response was "what services?" Furthermore, specific examples were conveyed by consumers regarding instances when objectives were scheduled to be completed and were not. One consumer interviewed shared that staff set up a visit with her to work on objectives, however, staff simply did not show up the date scheduled and the client was not informed of any schedule change. Individuals in service were able to identify dates services were delivered, dates services were set up but not delivered, and service needs that are not fulfilled (Please refer to QAOS #2, #3, #4 for deficiencies).

AWARE staff is very dedicated and thorough in addressing the psychological needs of their consumers. One supported living consumer in Flathead County has significantly stabilized mentally by working with AWARE mental health staff. Consumer satisfaction surveys are complete with no unanswered questions. Surveys are attached to IP/PSP.

C. STAFFING

During this review no staff was hired for the Kalispell or Missoula areas. Consequently, no staff had been identified as primary for individuals in services. Completion of staff surveys, Department of Justice criminal background checks, or a review of training records was unable to be accomplished due to inexistence of staff (QAOS #3).

D. INCIDENT MANAGEMENT

The AWARE Incident Management system functions at a statewide level. However, at the local level the notifications and Incident Report form documentation is not conveyed to case managers, or the QIS. Neither have been granted access to the system, nor are they invited to Incident Management Committee meetings. Incident Management is a means to track trends, identify both individual and programmatic needs and as an abuse prevention tactic. There have been no critical incident investigations conducted in Region V that have been shared with the case manager and/ or the QIS.

WORK/DAY/ FACILITY BASED EMPLOYMENT

AWARE does not provide day/vocational services in Region V.

COMMUNITY SUPPORTS

During the period of this review, AWARE provided community supports services to one individual in the Missoula area and two individuals in the Kalispell area. This is a significant decrease in consumers in services since the review in May 2006.

During the May 2006 Quality Assurance Review, concern was noted in the Individual Planning process, program documentation and quarterly reviews. There has been no improvement noted in these areas. Please refer to the Individual Planning sections of this report for more specific information (See QAOS # 2 for concerns).

A. HEALTH AND SAFETY

AWARE staff in Missoula and Kalispell did not assist individuals with medication administration, only set up and monitoring. Therefore, AWARE staff were not certified through the DDP medication certification process.

Fire safety concerns for individuals receiving community supports were noted. A consumer who moved in to a new apartment in November still had not received a fire extinguisher and the smoke detector in the apartment did not have a battery (QAOS #4). Staff have not existed to assist with these needs (QAOS #2, #3, #4). The Kalispell QIS delivered a battery for the smoke detector to the case manager prior to the weekend. The case manager delivered the battery to the consumer.

An obvious and huge health and safety concern is not having staff to carry out important service needs. Please refer to staffing section under supported living for more detail.

B. VEHICLES

AWARE employees use their own vehicles to transport consumers/kids. The employee's insurance is checked to verify they carry the AWARE standard for rate of coverage. They then become the primary insured and AWARE is secondary.

C. SERVICE PLANNING AND DELIVERY

Although Individual Plans are based on assessments, the previous, as well as, current visit indicated that case managers have not received Quarterly Status Reports. After the 2003 Review, data collection sheets and prototypes of quarterly status reports were shared with AWARE staff in Missoula.

In addition to the above, the individual receiving community supports in Missoula had an IP meeting on 9/5/06, however paperwork was not submitted to the case manager for distribution until the Missoula QIS hand delivered the information to the case manager on 12/6/06 (during Missoula revisit). Furthermore, a consumer exited community supports with AWARE on 12/1/06, no documentation exists regarding transition or exit.

Continuous billing errors occurred regarding community supports (QAOS #1). Discrepancies such as billing for one hour of service and 90 miles of reimbursement for

the same time of service provided exist. These issues, coupled with the billing concerns described above and on QAOS #1 suggest that AWARE ensure it's billing procedures for other areas of the State reflect actual services delivered.

AWARE consumers reflected a high degree of dissatisfaction with services in both Kalispell and Missoula. All consumers receiving community supports whom were interviewed expressed service needs that were not being met due to unavailability of staff (QAOS #2, #3). Important health and safety IP objectives have not been consistently implemented. Consumers have been promised staff assistance with IP objectives on certain dates and staff have simply not arrived when scheduled. Consumers were not notified of a schedule change.

There were no concerns noted with right's restrictions or aversive procedures. The Service Planning and Delivery section under Supported Living outlines further details regarding this matter.

D. STAFFING

During this review no staff were hired for the Kalispell or Missoula areas to work with DD consumers. Consequently, no staff were identified as primary for individuals in services. Therefore, completing staff surveys, Department of Justice criminal background checks, or review of training records was unable to be done due to inexistence of staff (QAOS #3).

E. INCIDENT MANAGEMENT

Refer to information on Incident Management detailed earlier in this report.

TRANSPORTATION

AWARE employees use their own vehicles to transport consumers. The employee's insurance is checked to verify they carry the AWARE standard for rate of coverage. They then become the primary insured and AWARE is secondary.

CASE MANAGEMENT

AWARE does not provide Case Management services in Region V.

CONCLUSION

A comprehensive Plan of Correction was requested from AWARE in January 2007. The DDP Regional Office received no response from the agency. As of March 1, 2007 AWARE released the two Region V Supported Living consumers cost plans from the AWARE contract. As of April 1, 2007 the two Kalispell Community Supports consumers had their community supports agreements revised to exit AWARE services. The remaining community supports consumer (in Missoula) will be switching to another provider within the next two months.

Region V AWARE Adult Service Review

Final Report 5/07/07

Period of Review: 5/06 – 1/18/07

The billing issues outlined in QAOS #1 still need to be addressed. The agency will be contacted under separate cover to address billing inconsistencies in Region V services.

The Quality Assurance Observation Sheets attached were submitted in January 2007, however, AWARE did not respond by specified date, 2/9/07 and as of 5/7/07, AWARE still has not responded. If staff at AWARE possess any documentation to justify billing as submitted please send to the Region V DDP office at your earliest convenience.

Submitted by:

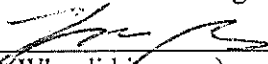


Kara Gehring, QMRP, Quality Improvement Specialist
Developmental Disabilities Program (Kalispell)

Cc: Paula Tripp, Regional Manager DDP – Missoula
Larry Lovelace, Regional Manager DDP – Helena
John Zeeck, Quality Assurance Specialist DDP – Helena
Tim Plaska, Community Service Bureau Chief DDP – Helena
Donna Kelly, AWARE Anaconda
Mike Schulte, AWARE Anaconda

STATE OF MONTANA
Department of Public Health and Human Services
Developmental Disabilities Program

No. 1

Provider: AWARE		DDP QIS: Kara Gehring, Paula Tripp		Routine
Recipient: Donna Kelley		Concern: Financial		X Quality Assurance Review
Date: 1/25/07				X Plan of Correction needed
DDP	<p>OBSERVATION (What): Invoices submitted for community supports have been identified as misrepresentations of actual services provided to at least three consumers. An example of this concern and error included submitting request for reimbursement of 1 staff hour of service, and mileage reimbursement for 90 miles during that particular day's staffing (Missoula). Another example included billing full rate for November and December where no progress notes and client reports indicate that staff hours were not provided in those months.</p> <p>CRITERION (Reference ARM, Contract, DD Policy, Appendix I, etc.): DDP contract with AWARE, Community Supports service waiver, ARM 37.34.913, 42 CFR 441.302, 42 CFR 441.302, 45 CFR 74, SMM 2500, SMM 4442.8, and SMM 4442.10</p> <p>EFFECT (What is the result): Billing for services not provided is illegal and classified as fraud. This is not only a fiscal nightmare for both AWARE and DDP offices it is also a disservice to consumers whom are supposed to be receiving accurate and actual reimbursable services.</p> <div style="display: flex; justify-content: space-between;"> QIS Signature: Kara Gehring Date Response Due: 2/9/07 </div> 			
Provider	<p>CAUSE (Why did it occur):</p> <p>ACTION (What action will be taken to address):</p> <p>Signature: _____ Response: _____</p>			
DDP	<p>Disposition: ACCEPTED REQUESTING FURTHER REVIEW Response Date: _____</p> <p>Comments: _____ _____ _____</p>			
Copy to (check all that apply): Regional Manager Executive Director DDP Bureau Chief Contract File Quality Assurance Specialist President, Board of Directors Other _____				

STATE OF MONTANA
Department of Public Health and Human Services
Developmental Disabilities Program

No. 2

[illegible]

07/01/2005

STATE OF MONTANA
Department of Public Health and Human Services
Developmental Disabilities Program

QUALITY ASSURANCE OBSERVATION SHEET

No. 3

Provider: <u>AWARE</u>	DDP QIS: <u>Kara Gehring, Paula Tripp</u>	Routine
Recipient: <u>Donna Kelley</u>	Concern: <u>Staffing</u>	<input checked="" type="checkbox"/> Quality Assurance Review
Date: <u>1/25/07</u>		<input checked="" type="checkbox"/> Plan of Correction needed

DDP **OBSERVATION (What):**
No staff available to work with consumers. Identified through interview with Donna Kelley, as well as, the consumers visited. Consumers were obviously distraught over the lack of staff as well as inconsistency. When the agency was questioned, their response was that they are unable to find staff in the Missoula and Kalispell areas. As a result, zero staff are assigned to the five consumers receiving services through AWARE and no one is identified as primary. Additionally, no Departments of Justice background checks or training records were accessed as there were none available. Furthermore, the staff survey was unable to be completed due to no staff available for interview. Also ties into QAOS #2.

CRITERION (Reference ARM, Contract, DD Policy, Appendix I, etc.):
ARM 37.34.1101, et. Seq. , ARM 37.34.2111, ARM 37.34.985, ARM 37.34.102, SMM 4442.4, SMM 4442.9
ARM 37.34.702, ARM 37.34.2102, ARM 37.34.2107, ARM 37.32.941

EFFECT (What is the result): Consumers needs are not being met. Although it may be a challenge to find consistent staff, or staff in general, AWARE has an obligation to provide services to consumers with whom they contract and an inability to locate individuals to complete this task is not a viable reason to provide inconsistent staff or no staff. Inconsistent staff or no staff certainly makes it difficult to assure individual programs are being run consistently and in fact could be detrimental to consumers versus helpful.

QIS Signature: Kara Gehring

Date Response Due: 2/9/07

Provider **CAUSE (Why did it occur):**

ACTION (What action will be taken to address):

Signature: _____ Response: _____

DDP

Disposition: ☐ ACCEPTED ☐ REQUESTING FURTHER REVIEW Response Date: _____

Comments: _____

Copy to (check all that apply): Regional Manager Executive Director DDP Bureau Chief
Contract File Quality Assurance Specialist President, Board of Directors Other _____

STATE OF MONTANA
Department of Public Health and Human Services
Developmental Disabilities Program

No. 4

Provider: <u>AWARE</u>	DDP QIS: <u>Kara Gehring, Paula Tripp</u>	Routine
Recipient: <u>Donna Kelley</u>	Concern: <u>Fire, Health and Safety</u>	<input checked="" type="checkbox"/> Quality Assurance Review
Date: <u>1/25/07</u>		<input checked="" type="checkbox"/> Plan of Correction needed
DDP	<p>OBSERVATION (What): (Please refer to QAOS #2 and #3). One consumer has an IP objective for staff to assist in checking smoke detector and fire extinguisher 1 time per month - according to data this has not happened (in addition to medication assistance occasionally taking place). Another person moved into new apartment on Nov. 1, no fire extinguisher existed as of 1/19/06 and there is no battery in the smoke detector (the QIS provided a battery 1/20/07). Furthermore, according to this consumer, AWARE promised to assist in moving into new apartment as she is unable to move large heavy items (assistance was available after the move was completed).</p> <p>Not following through with Individual Program Plans is a clear observation of fire, health and safety compliance concerns.</p> <p>CRITERION (Reference ARM, Contract, DD Policy, Appendix I, etc.): ARM 37.34.713, ARM 37.34.114, ARM 37.34.702, ARM 37.34.706, 42 CFR 441.302, 42 CFR 441.302.33, SMM 4442.4, and SMM 4442.9</p> <p>EFFECT (What is the result): Health and safety needs of consumers receiving services through AWARE are not met, posing major health and safety concerns!</p> <p>QIS Signature: <u>Kara Gehring</u> Date Response Due: <u>2/9/07</u></p>	
Provider	<p>CAUSE (Why did it occur):</p> <p>ACTION (What action will be taken to address):</p> <p>Signature: _____ Response: _____</p>	
DDP	<p>Disposition: <input checked="" type="checkbox"/> ACCEPTED <input type="checkbox"/> REQUESTING FURTHER REVIEW Response Date: _____</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p>	
<p>Copy to (check all that apply): Regional Manager Executive Director DDP Bureau Chief</p> <p>Contract File Quality Assurance Specialist President, Board of Directors Other _____</p>		